

**Idaho Millennium Fund Grant Application
October 10, 2008**

Idaho Diabetes Prevention and Control Program

Project: Smoking Cessation: People with Diabetes and Pre-diabetes Who Smoke

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I. EXECUTIVE SUMMARY

The Idaho Diabetes Prevention and Control Program (DPCP) is seeking \$250,000 from the Millennium Income Fund Committee to promote tobacco cessation among people who have **pre-diabetes and diabetes**. This money will supplement the current level of funding from the Centers for Disease Control and Prevention (CDC) of \$371,315 and allow the DPCP to aggressively reduce the number of people (25,000) with pre-diabetes and diabetes who smoke. The DPCP will use these funds to develop and implement tobacco cessation strategies through two parallel projects:

- 1) **Social Marketing:** Develop a statewide, targeted social marketing campaign using media and print messages targeting people with pre-diabetes and diabetes who smoke. Focus of the campaign is on increasing awareness and a personal call to action.
- 2) **Cessation:** Expand capacity for cessation counseling by training Certified Diabetes Educators (CDE) (nurses, dietitians, pharmacists) to provide free cessation counseling as part of diabetes self-management education (DSME) programs. DSME programs are hospital-based, accredited and recognized by the American Diabetes Association (ADA). Patients referred by a physician to a recognized DSME program are eligible for reimbursement through Medicare, Medicaid, and health insurance plans. However, smoking cessation counseling is not part of the DSME instruction and is not a covered benefit. There are 20 recognized DSME programs in Idaho. In addition, CDEs would refer patients to QuitNet and QuitLine with options for Nicotine Replacement Therapy (NRT) with medical supervision.

This project would be coordinated with Project Filter, the Idaho Tobacco and Prevention Program. The difference between the Project Filter Millennium Fund proposal and the DPCP proposal is the target audience, specifically people with pre-diabetes and diabetes, using CDEs to become trained cessation counselors, and implementing cessation programs in a medical setting where people are seeking diabetes education. A portion of the funding would be allocated to program evaluation to measure impact. No additional staff will be hired to administer the project.

II. PROPOSAL

A. Organizational Background:

History: The ID DPCP is 100% federally funded by the CDC Division of Diabetes and is in the 16th year of funding. Due to cutbacks in the federal budget, the ID DPCP is expected to lose 5 to 10 % of its funding for 2009-2010 and perhaps beyond. The rate of diabetes continues to increase annually among adults over 18 years going from 4.4 % in 1997 to 7.8 % (88,000) in 2007. Approximately 56,000 people in Idaho have pre-diabetes. The ID DPCP works with a large network of partners in the *Diabetes Alliance of Idaho* (DAI) including health plans, district health departments, medical professionals, diabetes education programs, non-profit organizations, and business. ID DPCP programs and projects are conducted with strong partnership collaboration. In particular, the DPCP has a strong collaborative relationship with certified diabetes educators (CDEs) and diabetes self-management education (DSME) programs throughout the state.

National and ID DPCP objectives include:

- Monitor and report the **burden of diabetes**.
- Improve four **clinical measures** to reduce the complications of diabetes.
- Direct outreach to **high risk communities**, particularly racial and ethnic minorities.
- Promote **wellness** initiatives directed at nutrition, physical activity, weight management, and **smoking prevention and cessation**.
- **Prevent diabetes**.
- Promote **professional education** to improve **quality of care**.

The ID DPCP operates with three strategies: *health systems*, *health messaging*, and *community interventions*. DPCP programs and projects are framed around the Chronic Care Model (Institute for Healthcare Improvement), a framework that fosters a proactive health care team and an actively engaged patient.

Current Programs and Accomplishments: A significant, recent ID DPCP accomplishment is the development of the **Idaho Diabetes 5-Year State Plan 2008-2013** with the DAI. Plan goals include: *Quality of Care*, *Access to Care*, *Policy*, and *Diabetes Prevention and Prevention of Complications*.

State Plan and ID DPCP priorities that are being implemented include: 1) formulating clinical practice guidelines, 2) delivering diabetes management professional education, 3) bringing diabetes information to rural Idaho communities, and 4) promoting projects that improve the rate of diabetes clinical measures such as A1c testing, foot exams and eye exams.

DPCP Program Staff: The ID DPCP is located in the Bureau of Community and Environmental Health (BCEH), the Division of Health, the Department of Health and Welfare. It is adequately staffed to support Millennium Funding. The DPCP is required to meet quarterly with a Financial Officer from Management Services to review program budgets. The DPCP also is supported by the Department's Contracts Unit which ensures all contracts are legal, binding

and meet Department standards. These services would allow the ID DPCP to dedicate all Millennium Funds to direct services and not personnel or indirect costs. No new positions will be required for this project.

The DPCP employees 2.15 full time equivalent (FTE) staff and has access to BCEH program specialists for support.

- Mimi Hartman-Cunningham, MA, RD, CDE, Program Manager (.50 FTE): Ms. Hartman-Cunningham oversees program operations including grants management, budget and contract management, program development, health systems, partnership development and facilitation.
- Rebecca Lemmons, BS, Health Education Specialist, Senior (1.0 FTE): Ms. Lemmons is responsible for developing health messages and community interventions and also is responsible for program partnership development and facilitation.
- Nicole Mauerman, MS, Research Analyst (.25 FTE): Ms. Mauerman serves as a data analyst for the DPCP and Project Filter identifying data sources, retrieving appropriate data sets out of different reports and then analyzing data to identify needs.
- Lorrie Byerly, Administrative Assistant II (.4 FTE): Ms. Byerly assists DPCP staff with budget monitoring, ensures that invoices are properly administered, and general administrative support.

In-kind staff support includes:

- Ingrid Bolen, MS, Marketing Specialist: Ms. Bolen would oversee media and marketing and would ensure that all health messages developed were consistent with Project Filter program goals and that activities were appropriate for the selected target audience.
- Joseph Pollard, BS, Surveillance and Evaluation Specialist: Mr. Pollard would ensure that data collection and evaluation measures were consistent with Project Filter program goals.
- Jamie Delavan, BA, Program Specialist, Cultural Liaison: Ms. Delavan would provide guidance about culturally and linguistically appropriate messages for health disparate populations.
- Robert Graff, PhD, Chronic Disease Epidemiologist: Dr. Graff collects and identifies diabetes data from disparate sources to assess the burden of diabetes, identifies trends along with casual risk factors, identifies gaps and enhances the utility of existing data. He coordinates epidemiology and surveillance data gathering with Ms. Mauerman.

Current ID DPCP Budget:

April 1, 2008 – March 30, 2009

\$371,315 Centers for Disease Control and Prevention, Division of Diabetes

Personnel: \$85,587

Fringe: \$34,093

Other: \$90,040

Supplies \$1,400

Contracts: \$131,250

Travel: \$4,500

Indirect: \$24,444

TOTAL: \$371,315

B. Purpose of Request: Goals and Outcomes

Issues: Although people with diabetes are at high risk for many health complications, their risk for complications is even greater if they smoke. Smoking increases the risk of having a heart attack by 11 times for someone with diabetes. Smoking also increases the risk of permanent vision loss or blindness, increases circulation problems that can lead to lower limb amputation, tooth loss and gum disease, and increases risk for kidney disease and loss of kidney function. All of these conditions increase the cost of health care. Research shows that health professionals are effective when they advise and assist people to stop smoking. Diabetes care and management is complex and cannot be solely provided by a physician. A team approach, using multiple health professionals and especially CDEs, is essential for effective treatment. In Idaho, the rate of diabetes continues to increase, up from 6.8 % in 2006 to 7.9 % in 2007 (2007 BRFSS). In 2006 an estimated 8.0% of Idaho adults reported ever being told that they had pre-diabetes. Although diabetes can be prevented, most people go on to develop diabetes if they don't increase their physical activity, adopt healthy eating behaviors, and lose a modest amount of weight.

Overall Project Purpose: The message to stop smoking must be delivered to all people who smoke, but especially to those with pre-diabetes and diabetes. The social marketing campaign will increase awareness. The DSME cessation counseling will provide a chance for a motivated person to seek free help. By providing cessation counseling within a DSME program where people receive diabetes self-management education from a CDE, the chances of a patient following through with smoking cessation should increase. Smoking cessation is more likely to be initiated and sustained with multiple supporting options. CDEs also would link patients to the QuitNet, QuitLine and NRT.

Of people with diabetes in Idaho, 16.4% (14,000) smoke. This is slightly less than for people who do not have diabetes at 19.1%. The smoking rate for people with pre-diabetes is 22% (11,000). (Data from 2006-2007 Behavioral Risk Factor Surveillance System) According to the 2006 Adult Tobacco Survey (ATS), approximately 54% of adult smokers aged 18-65 made at least one attempt to quit, of those only 12% felt confident enough to quit. In the absence of attempt-to-quit data about people with pre-diabetes and diabetes, it could be assumed that ATS data would be similar. Diabetes is a difficult chronic disease to manage. Often people have associated depression which makes self-management of diabetes more difficult. Smoking may be a coping mechanism for depressive symptoms and weight management.

Idaho is fortunate to have 20 DSME programs well located throughout the state that are hospital-based programs and recognized by the American Diabetes Association (ADA). Patients referred by a physician to a recognized DSME program are eligible for reimbursement through Medicare, Medicaid, and health insurance plans.

Short- Term Project Objectives:

- Increased number of qualified smoking cessation counselors.
- Increased number of community sites where smoking cessation is available, therefore filling current cessation program gaps.

- Increased number of DSME programs providing a value added education program free of charge.
- Increased number of people seeking cessation counseling.
- Increased number of people with pre-diabetes or diabetes who will stop smoking.
- Increased recognition of people with pre-diabetes and diabetes that smoking cessation is essential.
- Increased referral by physicians to people with pre-diabetes and diabetes to smoking cessation counseling.
- Increased utilization of other local cessation classes, QuitNet, QuitLine, and NRT.

Long-Term Objectives

- Decreased number of people who smoke and have diabetes and pre-diabetes.
- Sustainable campaign to promote smoking cessation in the medical system.

C. Organizational Capacity

Strategic Planning: In all phases of the Cessation Project, the DPCP will work closely with Project Filter staff to assure integration and alignment with Project Filter program objectives and to avoid duplication of services.

The DPCP direction also is in alignment with the Idaho Department of Health and Welfare's mission statement "To promote and protect the health and safety of Idahoans: and Goal 1, Objective 1 of the Department's Strategic Plan, "Improve healthy behaviors of adults to 75.4 percent by 2012. Specifically, the **Idaho Diabetes 5-Year State Plan 2008-2013** states under Goal 3: Diabetes Prevention and Prevention of Complications, Priority 1: Public Awareness and Responsiveness:

***Smoking Cessation Counseling:** Ensure that patients who are ready to quit smoking receive smoking cessation counseling and are directed to local resources such the Health District smoking cessation programs and QuitNet and QuitLine.*

National Objective: Promote **wellness** initiatives directed at nutrition, physical activity, weight management, and **smoking prevention and cessation**. In the five-year funding cycle 2009-2014 CDC will emphasize smoking cessation among people with diabetes and is requiring all state DPCPs to integrate with their Tobacco Prevention and Control Programs. Funding for this requirement will be challenging in the face of expected federal budget cuts.

Links to Other Organizations: The Diabetes Alliance of Idaho membership will be engaged in the promoting the message of smoking cessation. This ensures statewide reach with a stop-smoking message to patients and the ability to increase referrals to local cessation classes, QuitLine, QuitNet, and NRT.

Project Staff Qualifications: CDEs are highly trained in adult learning and behavior change and diabetes management. They most often hold masters degrees and are licensed, registered health professionals. They are located with hospital-based DSME programs and have established relationships with physician practices for DSME referrals.

Target Population Involvement: As part of the project development and evaluation, the ID DPCP would engage the target population in field research and evaluation.

D. Process

CESSATION			
Social Marketing: Promote awareness about diabetes risks associated with smoking and how to stop smoking; promote QuitNet/QuitLine and NRT; link people to cessation counseling. Link to Project Filter program objectives.			
Task	Objective	Evaluation	Time Line FY 2009
Contract with public relations firm to develop media campaign TV/Radio.	To ensure appropriate message content and message communication.	Field testing results (pre and post). Media reach.	Media development: July 09 – Feb. 2010 Media release: March – June 2010
Develop campaign print materials for patients, physicians. Inform and engage the DAI membership in promoting the campaign and stop smoking message.	To provide print materials that inform patients and physicians of DSME and Project Filter resources	Field testing material acceptability Number of patients referred and participating in DSME cessation counseling Increased access to QuitNet/QuitLine, NRT by people with pre-diabetes/diabetes	Material development: July 09-Feb 2010 Material release to compliment campaign: March-June 2010
Establish process with Project Filter to promote QuitNet/QuitLine, NRT	To ensure integrity of messaging To support Project Filter	Satisfaction of staff and partners about the process	July 09- June 2010
DSME Cessation Counseling: Develop cessation counseling programs in five DSME programs to target people with pre-diabetes and diabetes to stop smoking. Train CDEs, provide free counseling, support financial costs to DSME programs to implement cessation counseling.			
Task	Objective	Evaluation	Time Line FY 2009
Release RFP to DSME programs.	Identify participating DSME programs	Number of RFPs returned	July – Sept 09
Train CDEs.	Increase number of cessation counselors.	Number of CDEs trained.	Sept – Nov 09
Market cessation counseling program. Inform DAI members.	To increase awareness of patients. To initiate enrollment.	Number of patients referred and self-referred. Number of programs scheduled, conducted.	Oct- 09 – June 2010
Implement cessation counseling.	To increase likelihood that patients who smoke will seek counseling and quit.	Number of patients initiating cessation. Number of patients using QuitNet/QuitLine, NRT Link to Project Filter Cessation objective.	Dec 09 – June 2010

E. Evaluation Plan

The DPCP will conduct evaluation of the Cessation Project focused on the following:

- Measuring increased patient awareness and action to stop smoking.
- Measuring the success of using CDEs and DSME programs as a model for delivering cessation programs.
- Coordination with Project Filter Millennium Fund evaluation strategies.

Evaluation questions to measure effective impact include:

- Is a social marketing approach effective for motivating people with pre-diabetes and diabetes to seek cessation counseling and consequently stop smoking?
- Are people with pre-diabetes and diabetes more likely to use a CDE trained in smoking cessation counseling than a community cessation program not targeted to people trying to manage their diabetes?
- Do the hospital-based DSME programs feel that offering cessation counseling is effective from the standpoint of physician referrals, administrative costs, value-added medical services, and the numbers of patients utilizing cessation counseling?
- Do patients sustain smoking cessation?

F. Sustainability

The DPCP is going to be required by CDC to demonstrate integration projects with Tobacco Prevention and Control starting in 2009. As a consequence, the DPCP will be focused on promoting cessation messages to people with pre-diabetes and diabetes and the medical professionals that provide treatment. The overarching goal will be to build a group of CDEs who are trained cessation counselors and to create a sustainable program infrastructure that will keep cessation counseling part of DSME programs.

III. BUDGET

The \$250,000 that the DPCP is requesting from the Millennium Fund Committee will provide the DPCP with the opportunity to promote smoking cessation to people with pre-diabetes and diabetes to reduce health risks associated with diabetes. All funds will go directly to the program. ID DPCP federal funds support personnel and indirect costs.

Proposed Project Budget July 1, 2009- June 30, 2010				
Category	Other Millennium Funds	State No Funding	Federal CDC Grant	Total
Personnel	\$0		\$85,588	
Fringe	\$0		\$34,093	
Travel	\$0		\$4,500	
Equipment	\$0		0	
Supplies	\$0		\$1,400	
Contracts	\$250,000		\$131,250	
Consultants	\$0		\$0	
Other	\$0		\$90,040	
Indirect	\$0		\$24,444	
TOTALS	\$250,000		\$371,315	\$621,315

DETAILED BUDGET JUSTIFICATION – Millennium Funds				
CESSATION				
Category	Description	Amount	Subtotal	TOTAL
Social Marketing	Commercial	\$20,000	\$110,000	
	Media Placement	\$75,000		
	Evaluation	\$15,000		
Cessation	Training CDEs	\$15,000	\$140,000	\$250,000
	Five DSME cessation programs	\$125,000 (\$25,000 each x 5)		